

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

WESTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_ Chapter 11

☐ Check if this an amended filing

**Official Form 201**

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Noble Health Real Estate L.L.C.

2. **All other names debtor used in the last 8 years**  
Include any assumed names, trade names and *doing business as* names

3. **Debtor's federal Employer Identification Number (EIN)** 00-0000000

<b>4. Debtor's address</b>	<b>Principal place of business</b>  <u>10 South Hospital Drive</u> <u>20 South Hospital Drive</u> <u>Fulton, MO 65251</u> Number, Street, City, State & ZIP Code  <u>Callaway</u> County	<b>Mailing address, if different from principal place of business</b>  _____ P.O. Box, Number, Street, City, State & ZIP Code  <b>Location of principal assets, if different from principal place of business</b> <u>10 South Hospital Dr20 South Hospital D Fulton, MO 65251</u> Number, Street, City, State & ZIP Code
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5. **Debtor's website (URL)** \_\_\_\_\_

6. **Type of debtor**

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor Noble Health Real Estate L.L.C.  
Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☒ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

**B. Check all that apply**

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5313**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☒ No.
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor Noble Health Real Estate L.L.C. Case number (if known) \_\_\_\_\_  
 Name

- 11. Why is the case filed in this district?** *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

- 12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**
- ☐ No
- ☒ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☒ Other It includes HIPAA protected medical records, medical supplies and medical equipment (e.g. imaging equipment) that need to continue to be secured.

**Where is the property?**

10 South Hospital Drive  
 20 South Hospital Drive  
 Fulton, MO, 65251

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☒ Yes. Insurance agency Unknown: Policy held by lender

Contact name Unknown: Policy held by lender

Phone (000) 000-0000

### Statistical and administrative information

- 13. Debtor's estimation of available funds** *Check one:*
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

- 14. Estimated number of creditors**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

- 15. Estimated Assets**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

- 16. Estimated liabilities**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

Debtor Noble Health Real Estate L.L.C. Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 10, 2023  
MM / DD / YYYY

**X** /s/ Zev M. Reisman  
Signature of authorized representative of debtor

Zev M. Reisman  
Printed name

Title General Manager / Corporate Secretary

**18. Signature of attorney** **X** /s/ Ronald Weiss  
Signature of attorney for debtor

Date February 10, 2023  
MM / DD / YYYY

Ronald Weiss 21215  
Printed name

Berman DeLeve Kuchan and Chapman  
Firm name

1100 Main St Suite 2850  
Kansas City, MO 64105  
Number, Street, City, State & ZIP Code

Contact phone (816) 471-5900 Email address rweiss@bdkc.com

21215 MO  
Bar number and State

Chance Humphrey  
809 Court St  
Fulton, MO 65251

City of Fulton  
18 E 4th St.  
Fulton, MO 65251

Fabick Power Systems  
101 Fabick Dr.  
Fenton, MO 63026

FMC Clinic LLC  
620 East Monroe  
Mexico, MO 65265

Garratt Callahan  
340 S. LaLonde Ave.  
Addison, IL 60101

Grainger  
2535 Metro Blvd  
Maryland Heights, MO 63043-2409

IFS: Integrated Facility Services  
1055 Cassens Industrial Ct.  
Fenton, MO 63026-2500

John McGrath  
6020 State Road J  
Fulton, MO 65251

Johnson Controls  
District # 354 11360 lackland Rd  
Saint Louis, MO 63146

Lead Bank  
9019 State Route 7  
Lees Summit, MO 64064

Light Source  
3296 Richland Heights Rd.  
Fulton, MO 65251

Linde Gas & Equipment Inc  
Dept Ch 10660  
Palatine, IL 60055-0660

Luminous Neon Inc  
1 Compound Dr.  
Hutchinson, KS 67502

Meyer Electric Co  
3513 N Ten Mile Drive  
Jefferson City, MO 65109

Noble Health Corp  
620 East Monroe  
Mexico, MO 65265

Phillips Lawn Care  
3296 Richland Heights Rd  
Fulton, MO 65251

Plumb Supply Co.  
PO Box 310578  
Des Moines, IA 50331-0578

Randy Railton  
1202 West Seventh  
Fulton, MO 65251

Socket  
PO Box 1118  
Columbia, MO 65205-1118

Spectrum  
400 Atlantic Street  
Stamford, CT 06901

Steve's Pest Control  
190 N. Greenway Dr.  
Holts Summit, MO 65043

Value Health Corp  
11221 Roe Ave.  
Leawood, KS 66211

Veristor Systems  
4850 River Green Pkwy  
Duluth, GA 30096

Wellington Environmental  
607 Hanlet Industrial Ct  
Saint Louis, MO 63114

Westlake Hardware  
MO-019 PO Box 219370  
Kansas City, MO 64121-9370

**United States Bankruptcy Court  
Western District of Missouri**

In re Noble Health Real Estate L.L.C. Case No. \_\_\_\_\_  
Debtor(s) Chapter 11

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: February 10, 2023 /s/ Zev M. Reisman  
Zev M. Reisman/General Manager / Corporate Secretary  
Signer/Title

**Fill in this information to identify the case:**

Debtor name Noble Health Real Estate L.L.C.

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 10, 2023

**X** /s/ Zev M. Reisman

Signature of individual signing on behalf of debtor

Zev M. Reisman

Printed name

General Manager / Corporate Secretary

Position or relationship to debtor



**Fill in this information to identify the case:**

Debtor name Noble Health Real Estate L.L.C.  
 United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

**A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Chance Humphrey 809 Court St Fulton, MO 65251						\$0.00
City of Fulton 18 E 4th St. Fulton, MO 65251						\$44,850.99
Fabick Power Systems 101 Fabick Dr. Fenton, MO 63026						\$682.00
Garratt Callahan 340 S. LaLonde Ave. Addison, IL 60101						\$543.63
Grainger 2535 Metro Blvd Maryland Heights, MO 63043-2409						\$680.15
IFS: Integrated Facility Services 1055 Cassens Industrial Ct. Fenton, MO 63026-2500						\$24,585.00
John McGrath 6020 State Road J Fulton, MO 65251						\$0.00
Johnson Controls District # 354 11360 lackland Rd Saint Louis, MO 63146						\$1,692.00
Linde Gas & Equipment Inc Dept Ch 10660 Palatine, IL 60055-0660						\$905.44

Debtor Noble Health Real Estate L.L.C.  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Luminous Neon Inc 1 Compound Dr. Hutchinson, KS 67502						\$63,610.39
Meyer Electric Co 3513 N Ten Mile Drive Jefferson City, MO 65109						\$2,421.76
Phillips Lawn Care 3296 Richland Heights Rd Fulton, MO 65251						\$1,100.00
Plumb Supply Co. PO Box 310578 Des Moines, IA 50331-0578						\$335.97
Randy Railton 1202 West Seventh Fulton, MO 65251						\$173.23
Socket PO Box 1118 Columbia, MO 65205-1118						\$8,810.11
Spectrum 400 Atlantic Street Stamford, CT 06901						\$1,616.57
Steve's Pest Control 190 N. Greenway Dr. Holts Summit, MO 65043						\$133.00
Veristor Systems 4850 River Green Pkwy Duluth, GA 30096						\$692.72
Wellington Environmental 607 Hanlet Industrial Ct Saint Louis, MO 63114						\$55,948.00
Westlake Hardware MO-019 PO Box 219370 Kansas City, MO 64121-9370						\$1,064.52

Fill in this information to identify the case:

Debtor name Noble Health Real Estate L.L.C.

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 7,900,000.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 0.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 7,900,000.00

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 4,660,000.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 209,845.48

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 4,869,845.48

**Fill in this information to identify the case:**

Debtor name Noble Health Real Estate L.L.C.

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206A/B**

**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.  
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

Debtor Noble Health Real Estate L.L.C. Case number (If known) \_\_\_\_\_  
Name

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

Debtor Noble Health Real Estate L.L.C. Case number (If known) \_\_\_\_\_  
Name

55.1. Parcel Number:  
13-04.0-18.0-40-004-0  
01.002

Site Address: 10  
HOSPITAL DR  
FULTON, MO 65251  
Legal Description: PT  
SE PT LOT 1  
WESTMINSTER  
COLLEGE SUB. (TR  
1A S5/486)

Section/Township/Ran  
ge: 18 / 47 / 09  
and

Parcel Number:  
13-04.0-18.0-40-004-0  
01.005

Site Address: 20  
HOSPITAL DR  
FULTON, MO 65251  
Legal Description:  
BUILDING LOCATED  
ON LOT 1  
WESTMINSTER SUB.  
Section/Township/Ran  
ge: 18 / 47 / 09.

Properties as  
Described in Loan  
#57398.

To the best of our  
knowledge at this time,  
and subject to further  
investigation: Three  
properties and two  
actions; the numbers  
are consolidated within  
this loan, at this time.

Equitable  
interest

\$7,900,000.00

Lead Bank's  
Appraised Value:  
01/07/2020

\$7,900,000.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

\$7,900,000.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

Debtor Noble Health Real Estate L.L.C. Case number (if known) \_\_\_\_\_  
Name

☐ Yes Fill in the information below.

Debtor Noble Health Real Estate L.L.C. Case number (if known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$7,900,000.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$0.00</u>	<u>\$7,900,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$7,900,000.00</u>



**Fill in this information to identify the case:**

Debtor name Noble Health Real Estate L.L.C.

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1 Lead Bank</b> Creditor's Name          9019 State Route 7 Lees Summit, MO 64064 Creditor's mailing address   Creditor's email address, if known  Date debt was incurred 08-06-2020 Last 4 digits of account number 8601 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Parcel Number: 13-04.0-18.0-40-004-001.002Site Address: 10 HOSPITAL DR FULTON, MO 65251Legal Description: PT SE PT LOT 1 WESTMINSTER COLLEGE SUB. (TR 1A S5/486)Section/Township/Range: 18 / 47 / 09and Parcel Number: 13-04.0-18.0-40-004-001.005Site Address: 20 HOSPITAL DR FULTON, MO 65251Legal Description: BUILDING LOCATED ON LOT 1 WESTMINSTER SUB.Section/Township/Range: 18 / 47 / 09.Properties as Described in Loan #57398. To the best of our knowledge at this time, and subject to further investigation: Three properties and two actions; the numbers are consolidated within this loan, at this time.	\$4,660,000.00
Describe the lien First Mortgage Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$4,660,000.00

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor	<u>Noble Health Real Estate L.L.C.</u>	Case number (if known)	<u></u>
	<small>Name</small>		
<b>Name and address</b>		<b>On which line in Part 1 did you enter the related creditor?</b>	<b>Last 4 digits of account number for this entity</b>
<div></div>			

Fill in this information to identify the case:

Debtor name Noble Health Real Estate L.L.C.

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Chance Humphrey 809 Court St Fulton, MO 65251  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Unknown
3.2	Nonpriority creditor's name and mailing address City of Fulton 18 E 4th St. Fulton, MO 65251  Date(s) debt was incurred <u>01/14/2022</u> Last 4 digits of account number <u>4000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$44,850.99
3.3	Nonpriority creditor's name and mailing address Fabick Power Systems 101 Fabick Dr. Fenton, MO 63026  Date(s) debt was incurred <u>08-02-21</u> Last 4 digits of account number <u>6467</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$682.00
3.4	Nonpriority creditor's name and mailing address Garratt Callahan 340 S. LaLonde Ave. Addison, IL 60101  Date(s) debt was incurred <u>01/27/2021</u> Last 4 digits of account number <u>2000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$543.63
3.5	Nonpriority creditor's name and mailing address Grainger 2535 Metro Blvd Maryland Heights, MO 63043-2409  Date(s) debt was incurred <u>09/07/2021</u> Last 4 digits of account number <u>0251</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$680.15

Debtor	Noble Health Real Estate L.L.C. <small>Name</small>	Case number (if known)	
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<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> IFS: Integrated Facility Services 1055 Cassens Industrial Ct. Fenton, MO 63026-2500  Date(s) debt was incurred <u>04/07/2021</u> Last 4 digits of account number <u>3758</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,585.00
<b>3.7</b>	<b>Nonpriority creditor's name and mailing address</b> John McGrath 6020 State Road J Fulton, MO 65251  Date(s) debt was incurred <u>01/03/2020</u> Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> Johnson Controls District # 354 11360 lackland Rd Saint Louis, MO 63146  Date(s) debt was incurred <u>06/01/2021</u> Last 4 digits of account number <u>2882</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,692.00
<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> Light Source 3296 Richland Heights Rd. Fulton, MO 65251  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<b>3.10</b>	<b>Nonpriority creditor's name and mailing address</b> Linde Gas & Equipment Inc Dept Ch 10660 Palatine, IL 60055-0660  Date(s) debt was incurred <u>10/14/2021</u> Last 4 digits of account number <u>1562</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$905.44
<b>3.11</b>	<b>Nonpriority creditor's name and mailing address</b> Luminous Neon Inc 1 Compound Dr. Hutchinson, KS 67502  Date(s) debt was incurred <u>09/01/2021</u> Last 4 digits of account number <u>2611</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,610.39
<b>3.12</b>	<b>Nonpriority creditor's name and mailing address</b> Meyer Electric Co 3513 N Ten Mile Drive Jefferson City, MO 65109  Date(s) debt was incurred <u>09/07/2021</u> Last 4 digits of account number <u>1049</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,421.76
<b>3.13</b>	<b>Nonpriority creditor's name and mailing address</b> Phillips Lawn Care 3296 Richland Heights Rd Fulton, MO 65251  Date(s) debt was incurred <u>10/01/2021</u> Last 4 digits of account number <u>r538</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00

Debtor Noble Health Real Estate L.L.C. Case number (if known) \_\_\_\_\_  
Name

3.14	<b>Nonpriority creditor's name and mailing address</b> Plumb Supply Co. PO Box 310578 Des Moines, IA 50331-0578  Date(s) debt was incurred <u>07/06/2021</u> Last 4 digits of account number <u>2823</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$335.97</u></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> Randy Railton 1202 West Seventh Fulton, MO 65251  Date(s) debt was incurred <u>09/23/2021</u> Last 4 digits of account number <u>2021</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$173.23</u></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> Socket PO Box 1118 Columbia, MO 65205-1118  Date(s) debt was incurred <u>09/01/2021</u> Last 4 digits of account number <u>1707</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$8,810.11</u></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	<b>Nonpriority creditor's name and mailing address</b> Spectrum 400 Atlantic Street Stamford, CT 06901  Date(s) debt was incurred <u>10/03/2021</u> Last 4 digits of account number <u>2605</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$1,616.57</u></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> Steve's Pest Control 190 N. Greenway Dr. Holts Summit, MO 65043  Date(s) debt was incurred <u>07/30/2021</u> Last 4 digits of account number <u>1022</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$133.00</u></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	<b>Nonpriority creditor's name and mailing address</b> Veristor Systems 4850 River Green Pkwy Duluth, GA 30096  Date(s) debt was incurred <u>03/31/2021</u> Last 4 digits of account number <u>6571</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$692.72</u></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	<b>Nonpriority creditor's name and mailing address</b> Wellington Environmental 607 Hanlet Industrial Ct Saint Louis, MO 63114  Date(s) debt was incurred <u>05/04/21</u> Last 4 digits of account number <u>AWCH</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$55,948.00</u></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	<b>Nonpriority creditor's name and mailing address</b> Westlake Hardware MO-019 PO Box 219370 Kansas City, MO 64121-9370  Date(s) debt was incurred <u>08/22/2021</u> Last 4 digits of account number <u>4909</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$1,064.52</u></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

Debtor Noble Health Real Estate L.L.C. Case number (if known) \_\_\_\_\_  
Name

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

**Total of claim amounts**  
 5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 209,845.48

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 209,845.48

**Fill in this information to identify the case:**

Debtor name Noble Health Real Estate L.L.C.

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Noble Health Real Estate L.L.C.

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H  
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 FMC Clinic LLC

620 East Monroe  
Mexico, MO 65265

Lead Bank

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 Noble Health Corp

620 East Monroe  
Mexico, MO 65265

Lead Bank

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 Value Health Corp

11221 Roe Ave.  
Leawood, KS 66211

Lead Bank

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_